



HEALTH PROFILE: JORDAN

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	600 (estimate <1,000)
Total Population (2004 estimate)	5.4 million
Adult HIV Prevalence (end 2003)	<0.1%

Sources: UNAIDS, U.S. Census Bureau, Jordanian Ministry of Health

HIV prevalence is believed to be low in Jordan, with the majority of cases concentrated in populations engaged in high-risk behavior. The main focus of the national response is on *prevention of HIV infection*.

Little is known about HIV prevalence in vulnerable populations in Jordan, but under Jordan's recently adopted January 2005 National HIV/AIDS Strategy, a major focus will be on formative assessments of vulnerable populations.

The first AIDS case was diagnosed in Jordan in the beginning of 1986. Official National AIDS Program (NAP) passive case reporting data for May 2005 estimate that there are 392 cumulative cases of AIDS (141 Jordanians, 71 of whom have died, and 251 non-Jordanians). Most cases occur in people between the ages of 15 and 34, and approximately 8% of those infected with HIV are under 15 years of age. The adult HIV prevalence is estimated at less than 0.1%, very low by international standards. These statistics, however, likely do not reflect the true magnitude of the AIDS problem in Jordan, since no systematic HIV surveillance is carried out.

Sexual relations are thought to be the primary mode of HIV transmission, accounting for 53.5% of all infections in Jordan. Although nearly 29.5% of infections are related to blood and blood products, these appear to have occurred early in the epidemic; blood transactions in Jordan are now subject to 100% centralized, mandatory testing. Injecting drug use accounts for 1% of HIV/AIDS infections; in 13% of infections, the mode of transmission is unknown.

Challenges to HIV/AIDS efforts in Jordan partly stem from a sociocultural, religious, and traditional context in which the concept of anonymous testing is not an acceptable means of surveillance; condoms are promoted only as a family planning method; high-risk behaviors are not acknowledged officially; and social consequences for some are severe, including imprisonment and "honor killings." HIV stigma and discrimination are very common, even among care providers. There is no systematic access to vulnerable subpopulations (e.g., female sex workers, injecting drug users, and men who have sex with men), and nongovernmental organizations (NGOs) are unwilling to work with them. Data about the disease and its control are inadequate for decision-making, and funding for HIV/AIDS is limited. HIV/AIDS knowledge gaps exist, and there is little community dialog or community involvement.

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To help keep HIV rates low in Jordan, USAID supports a program of HIV surveillance and prevention.

NATIONAL RESPONSE

Jordan is a leader in the Asia and Near East region by virtue of its innovative and committed approach to some (but not all) programmatic areas of importance to HIV/AIDS response. The first government-sponsored counseling and testing center in the region was established in 1999. The National AIDS Program and the National AIDS Committee were established in 1986, and the committee continues to ensure the provision of health care services to patients and has intensified blood screening. Jordan requires mandatory HIV testing for foreigners who reside in Jordan for more than one month.

Jordan's leaders have made a strong political commitment to counter HIV/AIDS and have articulated a national HIV/AIDS surveillance strategy. HIV testing is licensed and quality-controlled in the public and private sectors. The first country in the Near East region to provide antiretroviral therapy (ART) to people living with HIV/AIDS, Jordan provides free antiretroviral drug treatment; and at present, 35 people living with HIV/AIDS have been provided ART. Counseling and testing centers and a HIV/AIDS hotline have been initiated.

There have been preliminary behavioral studies among vulnerable

subpopulations. Life-skills and peer-education approaches are being used with young people.

Perceived weaknesses in Jordan's response to the HIV/AIDS epidemic include the focus on keeping HIV out of country, which is likely to be ineffective; weak management of sexually transmitted infections (STIs) in the public sector; and the fear-based orientation of prevention messages.

In 2003, Jordan applied for and was awarded nearly \$1.8 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen and expand existing HIV/AIDS prevention, care, and support activities. This grant was for two years, and the grant subsequently was revised with a total of \$2.5 million over three years. New grant proposals will be completed in June 2005. Key areas of activity under the grants are youth education, condom promotion, services for vulnerable subpopulations, counseling and testing, blood safety, HIV/AIDS surveillance, and capacity development.

By December 2004, the UNAIDS Theme Group and the National AIDS Committee, supported by the United Nations Country Team, had achieved several of its workplan objectives: (1) expert training and strengthening country team knowledge and capacity to address the HIV/AIDS issue and assist national institutions; (2) support to the national reporting and monitoring of Jordan's national plan; (3) United Nations assistance to national capacity building, focusing on selected institutions; and (4) an improved public information strategy on HIV/AIDS, with special focus on schools and colleges.

At a meeting on March 3, 2005, the Ministry of Health and the United Nations Children's Fund (UNICEF) presented a strategic plan to boost the quality of health for adolescents in Jordan; HIV prevention is one component of the plan.

USAID SUPPORT

Jordan is one of 31 countries receiving basic resources from the United States Agency for International Development (USAID) to help manage the AIDS epidemic. Jordan received \$1.7 million 2001–2004; \$0.8 million was allocated for 2005, and funding for 2006–2009 is anticipated at \$0.8 million or more.

With USAID funding, the Ministry of Health purchased laboratory equipment to test viral loads in individuals living with HIV.

To help keep HIV rates low in Jordan, USAID supports a program of HIV surveillance and prevention. Part of that work includes cooperation with USAID's implementing partner, Family Health International (FHI). Through the Implementing AIDS Prevention and Care (IMPACT) Project, FHI has helped renovate and equip the Jordanian National AIDS Program Counseling and Testing and Hotline Center. A day clinic in the center was also opened to provide antiretroviral drugs and condoms, provided without charge by the Ministry of Health, along with monitoring and treatment for those who are HIV positive.

With funding from USAID, FHI has also supported the National Sexually Transmitted Disease and HIV/AIDS Hotline and Counseling Center by training health educators, strengthening the existing referral network, and producing educational and promotional materials. In 2004, FHI trained 30 health care workers in HIV counseling and testing, trained 30 health educators for the Ministry of Health, and distributed 65,000 copies of HIV/AIDS educational materials. Working with the National AIDS Committee, FHI has helped strengthen collaborative relationships with local organizations; the organization has participated in strategic planning meetings with UNAIDS and facilitated seminars, training sessions, and workshops on topics that include monitoring and evaluation.

FHI recently spearheaded a reproductive tract infection prevalence study among 1,200 women attending obstetric and gynecological clinics at three major urban hospitals. Although a relatively low percentage of the reproductive tract infections were caused by sexual transmission, this study provided valuable information on the behavior that puts Jordanians at risk for STIs, including HIV. The study results will facilitate the development of appropriate and effective management protocols.

Through IMPACT, FHI plans to provide technical assistance to strengthen the referral system for people living with HIV/AIDS and to establish an effective monitoring and evaluation system for assessing the quality of services provided to Jordanians.

Youth and HIV/AIDS

Approximately 35% of Jordan's 5.6 million people are under the age of 15. Most young Jordanians have a basic understanding of family planning and STIs, but several social factors make young Jordanians vulnerable to HIV infection. In Jordan's conservative culture, young people lack access to reliable information and guidance about such matters, both in and out of school. Economic hardships have meant that young Jordanians are delaying marriage, which has led to more sexual contacts outside of marriage. High unemployment has left young people to spend their spare time in cafés and amusement centers or working as unskilled laborers, which exposes them to potential pressure for risky sexual behavior.

Behavior change communication

FHI has conducted several peer education workshops to raise HIV/AIDS awareness among young adults, working with local universities and NGOs, such as the Red Crescent Society, to integrate peer education into ongoing youth-related activities. The educators explain how HIV is spread and they promote abstinence, fidelity, and, where appropriate, correct and consistent condom use. In 2004, FHI trained 385 young people in peer education workshops and reached 5,500 young people by peer education activities.

Through FHI, USAID coordinates World AIDS Day activities with the Ministry of Health (MOH) and NGOs. World AIDS Day activities have been expanded to Zarqa and Irbid Governorates under the patronage of the governors.

Surveillance

Through FHI, USAID works with the MOH to develop protocols and relevant materials to implement surveillance activities and to establish four sentinel surveillance sites. The MOH is planning to conduct surveillance using World Health Organization guidelines. To complement this work, USAID funds will be used to provide technical assistance for a limited behavioral surveillance survey within a single at-risk population.

Monitoring and Evaluation

USAID will provide ongoing support to the National AIDS Program and to its partner NGOs to ensure that monitoring and evaluation systems remain in place and valid, and to ensure that collected data are used for decision-making.

IMPORTANT LINKS AND CONTACTS

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USAID/Jordan Website: <http://www.usaidjordan.org>

USAID HIV/AIDS Website for Jordan: http://www.usaid.gov/our_work/global_health/aids/Countries/ane/jordan.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids